
STANDARD OPERATING PROCEDURE

Consultant Site Visit Report

SOP 1.8.1

Rev 6/02

Revision: Frequency of Pharmacy consultant visit changed to as directed.

Purpose:

DIHS consultants perform site visits to the medical facilities in order to assure compliance to National Policies and Procedures. The frequency of these visits is determined by the program needs but should be at a minimum:

Medical:	once a year
Dental:	once a year
Pharmacy:	as directed
Nursing:	as directed
Medical Records:	as directed
Dietician	as directed
Accreditation:	as directed

- I. Reports for each site visit must be submitted within 10 days of the visit. The Consultant Site Visit Form will be utilized (Attachment A).
 - A. The site visit report is directed to the HSA and CD of the facility with a copy to the DIHS Director, Medical Director, Chief Clinical Operations and any other program consultant as deemed appropriate.
 - B. A corrective action plan will be completed by the facility HSA/CD utilizing the CAP format (Attachment B) and submitted by the due date to the consultant/reviewer.
 - C. A Corrective Action Plan (CAP) is submitted to the consultant by the facility.
 - D. The consultant will submit a copy of the CAP to the DIHS Medical Director who will then submit a report to the Executive Council (EC), utilizing the Facility Site Visit Report to EC (Attachment D).
 - E. It is the responsibility of each consultant to monitor the results (effectiveness) of the CAP and submit follow-up status reports to the Medical Director on an ongoing basis, utilizing CAP Status Report (Attachment C). It will be the Medical Director's responsibility to gather this information from the consultants and report to the EC on an ongoing basis, utilizing Attachment C.

Consultant Site Visit Form

Date of visit: *(dates the visit was performed).*

Facility:

Consultant/Reviewer: *(name of person performing the review).*

Purpose of visit: *(explain why the review is being performed, ie., annual, pre-survey, troubleshooting, etc.).*

Areas reviewed with findings: *(include each item that was reviewed and all positive and negative findings).*

Recommendations for each finding: *(include a recommendation or requirement for correction of each negative finding. For those items considered a priority, dates of completion for the requirement should be indicated).*

Date Corrective Action Plan (CAP) is due: *(give an exact date by which a CAP is due).*

Date:
Facility:
HSA/CD:
Consultant/Reviewer:

PERFORMANCE IMPROVEMENT PLAN			
FINDINGS	PLAN OF ACTION	PROJECTED COMPLETION DATE	PERSON RESPONSIBLE
SOP site Visit Report			

Date:
Consultant/Reviewer:
Facility:

PERFORMANCE IMPROVEMENT PLAN STATUS REPORT			
PROBLEM	PLAN	DATE COMPLETED OR STATUS REPORT	PERSON RESPONSIBLE
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FACILITY SITE VISITS REPORT TO EC							
FACILITY	CONSULTANT	SUMMARY OF FINDINGS	ACTION PLAN	DUE DATE	PERSON RESPONSIBLE	COMP Y N	DATE COM P

FACILITY SITE VISITS REPORT TO EC							